

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018201

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED MAY 9 1963

Primary Registration District No.

1003

Registrar's No.

4614

STATE FILE NUMBER

VS 300
Rev. 4/59

1

281207

3

4

5

6

7

8

9

10

11

12

13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

4 weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Firmin Desloge Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois COUNTY Madison

c. CITY
OR
TOWN Granite City

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Box 911 RRI

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
ElsieMiddle
MarthaLast
Schuman

4. DATE

OF DEATH

Month

April

Day

24

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/4/1909

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

Staunton, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Richard Rabus

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Thomas P. Schuman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Thomas P. Schuman Box 911 Granite

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lymphosarcoma

2001

INTERVAL BETWEEN ONSET AND DEATH

16 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

20f. CITY, TOWN, OR LOCATION

[REDACTED]

COUNTY

[REDACTED]

STATE

[REDACTED]

21. I attended the deceased from December 1961 to April 24, 1963 and last saw her alive on April 23, 1963

Death occurred at 7 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Joseph V. Funnegan M.D.

(Degree or title)

22b. ADDRESS

634 N. Knott

22c. DATE SIGNED

4-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4/28/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Staunton, Illinois

24. FUNERAL DIRECTOR

Davis Funeral Home Granite City, Ill.

ADDRESS

[REDACTED]

25. DATE RECD. BY LOCAL REG.

4-26-1963

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Louise H. Davis

Licensed Embalmer No. 9754

P. O. Address Granite City, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.